

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | NJ       | 76554  | 07-20-00 |
| O.I.P.E. CLASSIFIER       | UV       |        | 9-22-00  |
| FORMALITY REVIEW          |          | 70611  | 8/3/05   |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original | 10/18/00 |
| 1              | 4/5/01   |
| 2              | 4/21/01  |
| 3              | 4/21/01  |
| 4              | 4/21/01  |
| 5              | 4/21/01  |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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